

**VIRGINIA DEPARTMENT OF FORESTRY
FORESTRY GRANT PROGRAM
REQUEST FOR REIMBURSEMENT**

Grant Recipient: _____ Grant Number: _____

Project Title: _____

Make Treasury Check Payable To:

Organization Name: _____ Federal Id. No.: _____

Mailing Address: _____ Telephone No.: _____

City/State: _____

Zip Code: _____ Amount Requested : _____

*Reimbursement for documented expenses will be made when costs are approved.
The grantee will consolidate requests for payment when a significant dollar amount is accumulated.*

COMPUTATION OF AMOUNT OF REIMBURSEMENT

Grant Period: From _____ To _____

Total Award(\$) _____

TOTAL PROJECT EXPENDITURES

Must be broken down into the categories of expenditures listed below:

CATEGORY	AMOUNT (including in-kind match)				CUMULATIVE AMOUNT
	1 st	2 nd	3 rd	4 th	
1) Personal Services (staff)					
2) Travel					
3) Supplies and Materials					
4) Contractual Services					
5) Equipment					
6) Volunteer Services (value of volunteer hours)					
7) Other (Specify) _____					
TOTAL PROJECT EXPENDITURES					
TOTAL FEDERAL SHARE (___ %)					
TOTAL GRANTEE SHARE (match) (___ %)					
TOTAL NUMBER OF VOLUNTEER HOURS					

If necessary, provide more detail using additional sheets.

FINAL REPORT: ☐ Yes ☐ No If yes, then enter DATE PROJECT COMPLETED: _____

I certify that this Request for Funds has been requested in accordance with the terms and conditions of the U.S. Forest Service and the rules and regulations set up by the United States Office of Management and Budget. I also certify that matching requirements have been met and documentation for the funds being requested will be available for audit. I also certify that the data reported is correct and that the amount of the Request for Funds is not in excess of immediate disbursement needs (30 days).

Requested By: _____
(Sub-Grantee) PRINT NAME TITLE SIGNATURE DATE

DOF Approval: _____
PRINT NAME TITLE SIGNATURE DATE